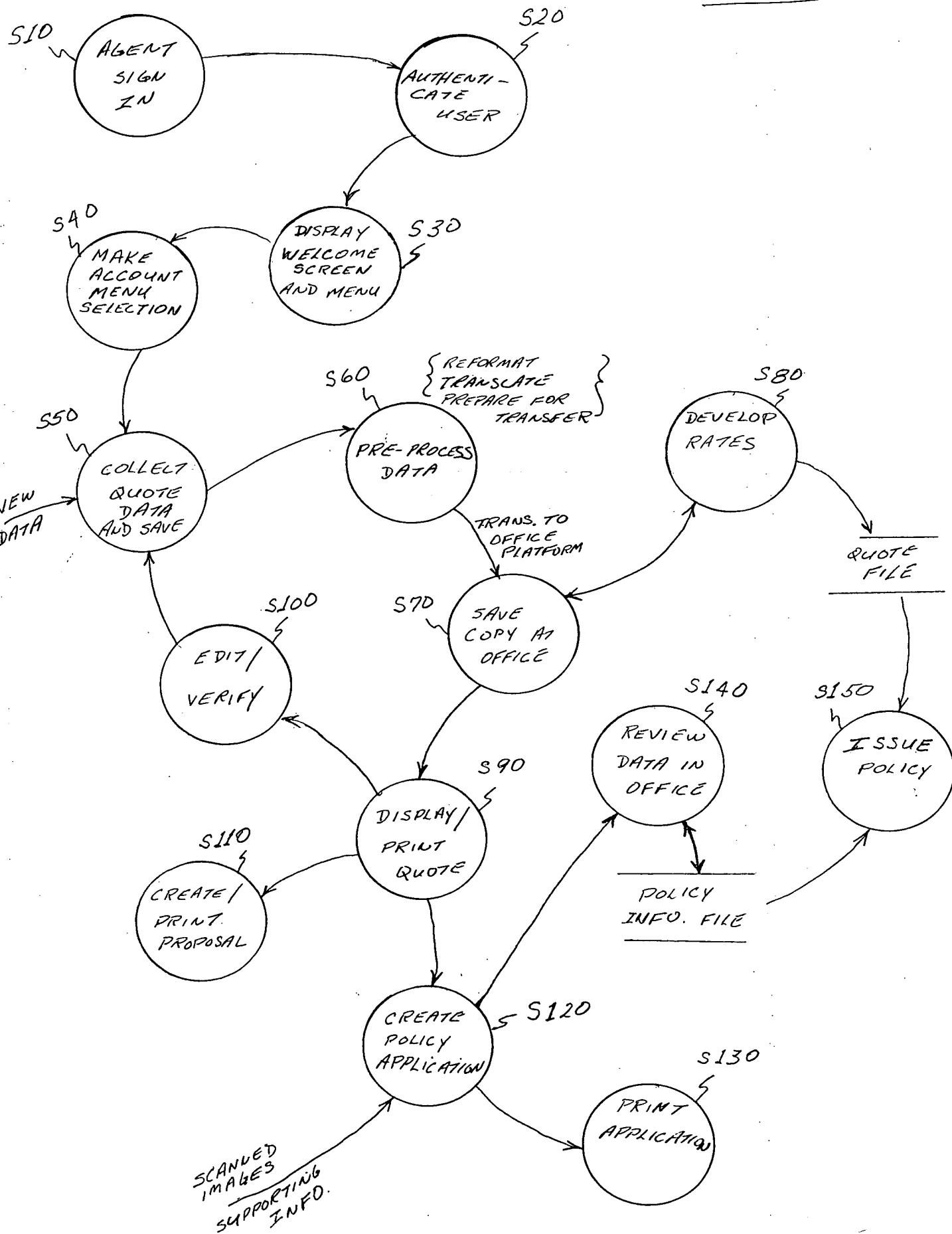


FIG. 1

09702469-103400





00/13/01  
6070248915250



Insuring America's Churches and Related Ministries

SITE MAP

## About Brotherhood Mutual

[Our History](#), [Our Mission](#), [Our Leadership Team](#), [Our Agents](#), [Our Financials](#)

## Insurance Programs

[Church](#), [School or Day Care](#), [Camp or Retreat Center](#), [College or University](#), [District or Administrative Office](#), [Mission Agency](#), [Other Ministries](#), [Homeowners](#), [Family Auto](#)

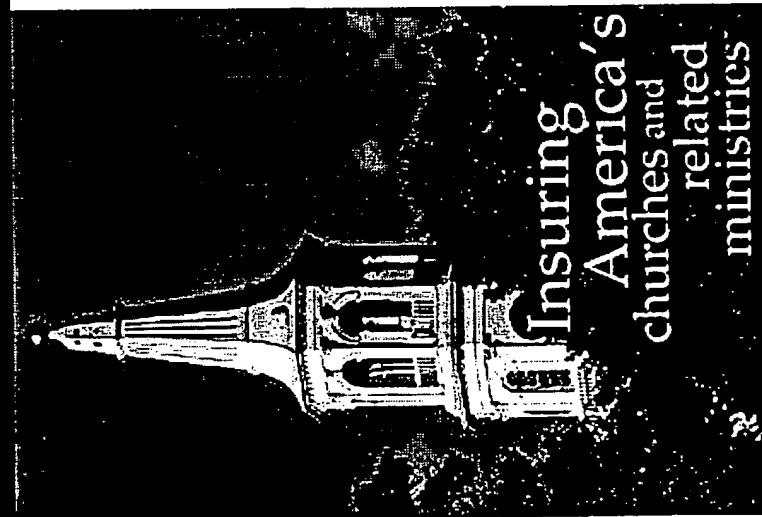
## Resources

[Protect Your Ministry](#), [Publications](#), [Article Archive](#), [Additional Resources](#)

## Claims

[When a Loss Occurs](#), [Claims Stories](#), [Claims Testimonials](#)

Insuring  
America's  
churches and  
related  
ministries



SEARCH OUR SITE  
Enter Keyword:

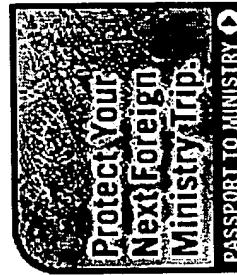


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This site was last updated October 16, 2000

FZG 2 A

200

FOR AGENTS





**Brotherhood Mutual**  
Insurance Company

Insuring America's churches and related ministries

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## Login Here

Enter your personal User Name and Password. Please do NOT share your password with others.

User Name  ← 210  
Password

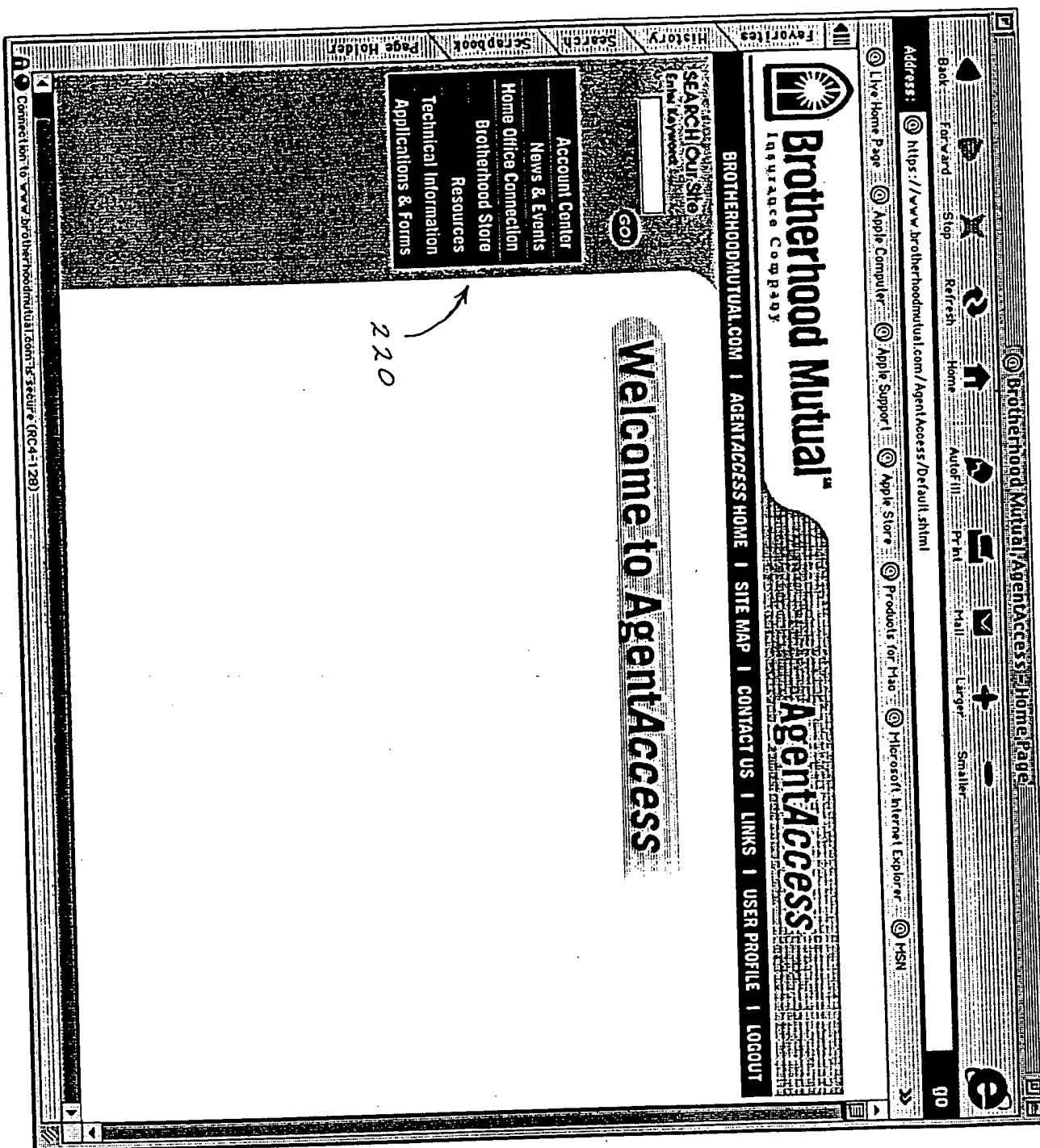
215 → Not Registered Yet?

Trouble Logging In?

## Important information about online account usage

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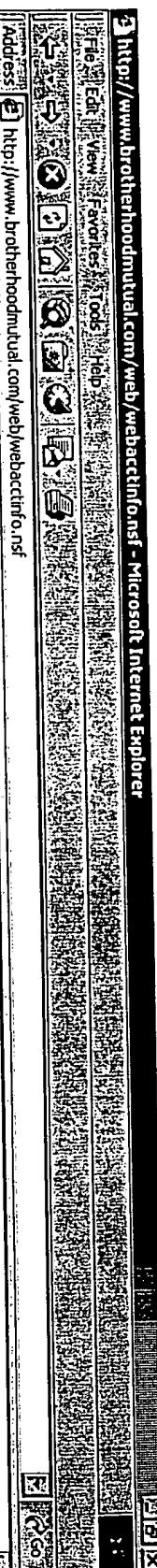
FIG. 2 B



220

F24.2C

00707683420460



## Account Center

Account List

VIEW BY NAME | VIEW BY DATE | NEW ACCOUNT

SEARCH:

Don L Glick  
Brotherhood Mutual In House

Insured Name	Last Accessed	City	State
hoh jones	10/04/2000	fort wayne	IN
Church of the Coles	10/17/2000	Ft Wayne	IN
First Church of Carol	10/10/2000	Cedar City	MO
First Church of Christ	09/15/2000	Sunnybrook	MI
First Church of God	10/03/2000	Columbia City	IN
First Leonhardt Church	10/09/2000	Fort Wayne	IN
First Presbyterian Church	10/16/2000	Hudsonville	MI
Leonhardt Baptist	10/05/2000	Fort Wayne	IN
Shepherd Baptist Church	10/18/2000	Shepherdsville	IN
Zion Lutheran Church	10/05/2000	San Francisco	CA

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FIG. 3A

NOTE: 63-20460

http://www.brotherhoodmutual.com/web/webacctinfo.nsf/ba5d51657961a51a0525592100670a0c/e8d0377e5 - Microsoft Internet Explorer

File Edit View Insert Favorites Tools Help

Address http://www.brotherhoodmutual.com/web/webacctinfo.nsf/ba5d51657961a51a0525592100670a0c/e8d0377e5b553cc3052669800d1ff070/openDocument

**Brotherhood Mutual<sup>®</sup>**  
Insurance Company

**Account View**

**Account View**

**First Church of Carol**

**Account Information**

Street Address: 123 Main St

City: Cedar City

State: MO

Zip: 64366

Phone: (123) 753-1111

Fax: 330

Web Address:

Contact Name: Ron Kuhn

Contact Phone: ext: 320

Contact E-mail:

Agent Name: Carol Kuhn

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320

330

FIG 3B

## About Our Agency

Insuring America's Churches and Related Ministries  
MinistryFirst™

 **Brotherhood Mutual**

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<https://www.brotherhoodmutual.com/Integro/quoteworks.nsf/Quote?OpenForm&UNID=F9D35A4AEAA4664B0525696E0054B487>

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### CMP Quoting

 testing don l glick  
 testing don l glick # 0010

\* Required fields

Policy  Property  Location  Liability  Clergy

Sub-Agency #:  Agent Initials: \*\*\*

Agent Name:  TESTING DON L ZZ GLICK

Quote Type:  Property & Liability

Quote Number: New Quote

Policy State: IN

Territory: N/A

### Policy Information

\* Insured  TEST 1

Name:

Address:  123 MAIN STREET

City:  FORT WAYNE

State:  IN

Zip Code:  46801

Risk Type:  Church

Quote  10/04/2000  (MM/DD/YYYY)

Effective Date:

Comments:

FIG. 4A

[RETURN TO TOP](#)

DRAFT - 6/8/2000

https://www.brotherhoodmutual.com/integro/quotework.n.../property/OpenForm&amp;uid=j9D35A4AEAA4664B0525696100541487



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## CMP Quoting

Policy #:	Property	Location:	Address:	Client:
-----------	----------	-----------	----------	---------

\* Required fields

TEST 1

testing don't glick  
testing don't glick # 0010

New Quote

### Property Insurance Coverage

Property IRPM (%):  -

Deductible:

Glass Deductible (\$):

Coverage Format:  Scheduled Values

Automatic Increase (%/year) - Buildings:   Personal Property:

FZ6. 4B

### Additional Property Coverage Requests

Theft of Building Materials

Additional Limit (\$):

*(\$5,000 Limit is automatically included  
in Property Protector)*

Bond Coverage (\$):

Theft of Money & Securities

*(\$2,000 Limit is automatically included  
in Property Protector)*

Additional Limit (\$):

Theft Deductible (\$):

Property Protector Endorsement:  Yes  with Limited Ordinance & Law?  Yes

Water Damage Coverage:

Sewer & Drain Backup:  Yes

**Inland Marine****Musical Instruments Limit (\$):**  **Deductible (\$):**  **Office Equipment Limit (\$):**  **Deductible (\$):**  **Computer Equipment Limit (\$):**  **Deductible (\$):**  **Computer Data and Media Limit (\$):**  **Deductible same as above****Lawn Equipment Limit (\$):**  **Deductible (\$):**  **Neon Sign Limit (\$):**  **5% Deductible****Photo Equipment Limit (\$):**  **Deductible (\$):**  [RETURN TO TOP](#) [Policy](#) | [Property](#) | [Locations](#) | [Liability](#) | [Clergy](#)[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [Agent Access Home](#) | [Contact Us](#)All users of this site are bound by the System Access and Use License Agreement.  
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FZ6. 4C



□□□□□□□□□□□□□□□□□□

**Building Perils:** Special ▾

**RETURN TO TOP** ▾

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FZL. 4E

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testing don I glick testing don I glick # 0010	
TEST 1	
* Required fields	

### CMP Quoting

TEST 1

#### General Liability

Liability IRPM (%):  -

Liability Territory:

General Occurrence Limit (\$):

General Aggregate Multiplier:

Premises Medical Payments Limit (\$):   (per person)

Activities to Sq. Ft. Ratio:

\* Size Category:

# of Full-time Employees:

# of Part-time Employees:

### New Quote

F16. 4 F

**Liability Classifications****Select all classifications to rate:**

- Church
- Church Building Including On-Premises Cemetery
- Church Office Building
- Playgrounds
- Mothers Day Out Rated As Day Nursery
- Miscellaneous Small Retail Stores
- Thrift Shop
- Food &/Or Clothing Pantry
- Mission Church
- Dwellings - One-Family - Lessors Risk
- Dwellings - Two-Family - Lessors Risk
- Apartment, Tenement, Boarding Or Rooming Houses
- Cemeteries Off Premises
- Non-Owned Parking Lot
- Vacant Land - Less Than 5 Acres
- Vacant Land - 5 Acres Or More
- Building Or Premises - Commercial Lessor's Risk
- Real Estate Development Property
- Lakes Or Ponds
- Construction Operations - Owner

**Other Liability Coverages****Select any other coverages to rate:**

- Personage - No Charge
- Fire Legal (Over \$100,000)
- Nonowned Property Damage
- Special Events Non-Reporting
- Nonowned/Rented Vehicle
- Sexual Misconduct
- Clergy/Lay Counseling
- Fee-Based Counseling
- Religious Communications/Activities
- Directors And Officers
- Employee Benefits
- Employment Practices
- Discrimination Coverage
- Defense Reimbursement
- Religious Operations Athletic Medical
- Wage Loss Reimbursement
- Nurse's Professional
- Pesticide Application
- Construction Supervision
- Incidental Broadcasting
- Clergy Death Benefit

F76. 44

**RETURN TO TOP**





Dwellings - One-Family - Lessors Risk	* How Many? <input type="text" value="1"/> <input checked="" type="checkbox"/>
Dwellings - Two-Family - Lessors Risk	* How Many? <input type="text" value="1"/> <input checked="" type="checkbox"/>
Apartment, Tenement, Boarding Or Rooming Houses	* Sq Ft: <input type="text"/>
Cemeteries Off Premises	* Acres: <input type="text"/>
Non-Owned Parking Lot	* Sq Ft: <input type="text"/>
Vacant Land - Less Than 5 Acres	* Linear Ft: <input type="text"/>
Vacant Land - 5 Acres Or More	* Linear Ft: <input type="text"/>
Building Or Premises - Commercial Lessor's Risk	* Sq Ft: <input type="text"/>
Real Estate Development Property	* Acres: <input type="text"/>
Lakes Or Ponds	* With Swimming <input type="checkbox"/> <input checked="" type="checkbox"/> * Without Swimming <input type="checkbox"/> <input checked="" type="checkbox"/>
Construction Operations - Owner	* Total Cost (\$): <input type="text"/> (Enter number of Lakes / Ponds in each category)
<b>Other Liability Coverages</b>	
Personage - No Charge (No Charge)	
Fire Legal (over \$100,000)	* Liability (\$): <input type="text"/> 100000 (enter total liability amount)
Nonowned Property Damage (\$100,000 minimum)	* Liability (\$): <input type="text"/>
Special Events Non-Reporting	Exposure: Moderate <input checked="" type="checkbox"/>
Nonowned/Rented Vehicle	Sublimit (\$): Same as Policy Occur Sublimit <input checked="" type="checkbox"/> # of Days: 1 to 21 <input checked="" type="checkbox"/>
Include Rental Liability/Physical Damage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

ETG 4 T

00 T E 0 T 0 6 8 1 2 0 4 6 0

Sexual Misconduct	Sublimit (\$): <u>300,000</u> <input type="button" value="▼"/>	<p>Does applicant currently have a screening program in place? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p><u>Screening Credit (%)</u>: <u>N/A</u> <input type="button" value="▼"/></p> <p><b>Include Employment-related Sexual Harrassment and Sexual Acts Liability (BGL-861)?</b></p> <p><u>N/A</u> <input type="button" value="▼"/></p>
Clergy/Lay Counseling	<p><u>Sublimit (\$)</u>: <u>Same as Policy Occur Sublimit</u> <input type="checkbox"/></p> <p>* # of Clergy: <u>3</u></p> <p>* # of Trained Lay Counselors: <u>6</u></p>	<p><u>Sublimit (\$)</u>: <u>Same as Policy Occur Sublimit</u> <input type="checkbox"/></p> <p><b>Coverage Type:</b> - Select - <input type="button" value="▼"/></p> <p><b>Average Weekly Hours:</b> <u>0 to 20</u> <input type="button" value="▼"/> * # of Counselors: <u>0</u> <input type="button" value="▼"/></p>
Fee-Based Counseling	<p><u>Sublimit (\$)</u>: <u>Same as Policy Occur Sublimit</u> <input type="checkbox"/></p>	<p>* Assets (Millions): <u>Select -</u> <input type="button" value="▼"/></p>
Communications/Activities	<p><u>Sublimit (\$)</u>: <u>Same as Policy Occur Sublimit</u> <input type="checkbox"/></p>	<p><i>(Flat charge)</i></p>
Directors and Officers	<p><u>Sublimit (\$)</u>: <u>Same as Policy Occur Sublimit</u> <input type="checkbox"/></p>	<p><i>(Flat charge)</i></p>
Employee Benefits	<p><u>Sublimit (\$)</u>: <u>Same as Policy Occur Sublimit</u> <input type="checkbox"/></p>	<p>* Deductible (\$): <u>Select -</u> <input type="button" value="▼"/></p> <p>1. Does the applicant consult an attorney for employment practices liability issues? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Does the applicant plan to terminate any officers, employees or positions within the next 24 months? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>3. In the past 5 years have any incidents occurred, claims been made or suits filed against the applicant involving alleged: discrimination, wrongful termination, breach of contract, or sexual harrassment? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
	<p><b>Discrimination Coverage</b> <i>(Flat Charge)</i></p>	
	<p><b>Defense Reimbursement</b> <i>(Flat Charge)</i></p>	

FZG. 4 K



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Insurance Company

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Rated CMP Quote

Liability |RPM (%): 0

Property IRPM (%):  -

PRINT | EDIT QUOTE | APPLY IRPM | CONVERT TO APP

Fig. 5A

00 TEST 5372260

**Brotherhood Mutual Insurance Company**  
**Ministry First Insurance Proposal**

Quote # : 95304

Prepared for: TEST 2

Printed : 10/17/2000 10:11 a  
 Agency Number : 0010  
 Agent Name : 0 - TESTING DON L ZZ GLICK

**456 SPRING STREET**  
**FORT WAYNE, IN 46803**

Comments :

Risk Type : Church

Township/F.D. :

State : 13

County : ALLEN

3-Year Fixed : N

	Adj Premium	IRPM	Net Premium
(\$500 Deductible) Property	1342	0	1342
Liability	1037	0	1037
Totals	2379		2379

**Building/Personal Property Specifications**

Auto Increase - Buildings: 4% per year

Coverage Format: Scheduled Values

Personal Property: 4% per year

FZA 5B

https://www.brotherhoodmutual.com/Intego/quote/work.n...ePrint?OpenForm&UNID=93A14CB2D29BBCF0525696E00557140

**Loc # : 1 - 456 SPRING STREET**

Inside City Limits? : Y

County : ALLEN

Fire Territory : 1

ISO Protection Class : 8

Special Load? : Y

**Building # : 1 - CHURCH**

Class Code : Church

Construction(s) : \*Frame Brick\*

Sprinkler? : Under 60%

Largest Open Area : N/A

Open Sided? : N

Alarm Protection? : N

Alarm Type? : N/A

Earthquake Coverage? : N

**Loc/Bldg Coverage**

Loc/Bldg	Coverage	Repl Cost?	Net Rate	Risk Amt	Net Premium
101	Bldg - Fire/Vandalism	Y	0.116	\$500,000	580
101	Bldg - EC	Y	0.059	\$500,000	295
101	Bldg - Spec Perils Incl Theft	Y	0.015	\$500,000	76
101	Bldg - Automatic Increase	Y	0.000	\$500,000	19
101	Pers Prop - Fire/Vandalism	Y	0.141	\$75,000	106
101	Pers Prop - EC	Y	0.059	\$75,000	44
101	Pers Prop - Spec Perils Incl Theft	Y	0.057	\$75,000	43
101	Pers Prop - Automatic Increase	Y	0.000	\$75,000	4

**Policy Coverage Options**

Coverage	Repl Cost?	Net Rate	Risk Amt	Net Premium
\$500 Deductible		0.000		-150
Fidelity Bond		0.000	\$2,500	0
Prop Protector+ & Ordinance And Law Endorsement -		0.000		162
\$10000 Water Damage Limit				
Coverage System Equipment Breakdown	500	0.000	\$575,000	163

FIG. 5C

00 FEB 2024 00:00

<https://www.brotherhoodmutual.com/Integro/quotework.n...ePrint?OpenForm&UNID=93A14CB2D29BBBCF0525696E00557140>

## General Liability

Activities to Sq Ft Ratio : **Low**

Size Category : **Low**

### Limits of Liability

Each Occurrence : **1,000,000**

Medical Payments (per person) : **5,000**

General Aggregate : **3,000,000**

# of Full-time employees **3**

# of Part-time **1** employees

FIZ. 5D

Liability Territory : **1**

## Liability Classifications

Church:

Sq Ft : **12000**

## Other Liability Coverages

Special Events Non Reporting:

Nonowned/Rented Vehicle:

# of Days : **1 to 21**

Include Rental Liability/Physical Damage ? **Y**

Exposure : **Moderate**

Sublimit : **Policy Limit**

Sexual Misconduct:

Screening Program ? **N**

Exposure : **Moderate**

Sublimit : **Policy Limit**

Clergy/Lay Counseling:

# of Clergy : **2**

Exposure : **Moderate**

Sublimit : **Policy Limit**

Religious Communications/Activities:

Directors & Officers:

Assets : **0 - 3M**

Exposure : **Moderate**

Sublimit : **Policy Limit**

Discrimination Coverage:

Defense Reimbursement:

Religious Operations Athletic Medical:

Wage Loss Reimbursement:

Clergy Death Benefit:

Exposure : **Moderate**

Sublimit : **Policy Limit**

QUOTE ESTIMATE

**Liability Details**

<b>Class</b>	<b>Coverage</b>	<b>Net Rate Exposure Amt</b>	<b>Net Prem</b>
Church	BI/PD	2.098	12,000
Church	BI/PD Operations	8.404	8
Church	Med Payments	0.960	115
Church	Med Operations	8.282	8
Church	Protect Plus	13.576	14
SPECIAL EVENT		50.019	50
N/O VEH LIAB		22.736	23
Rent VEH LIAB		31.830	1
Rent VEH PHYD		22.140	1
SX L&D NO SCR		175.000	1
PAST COUNSEL		19.394	2
RELIG COMM		12.929	1
D & O 0-3 MIL		109.133	1
DISCRIMINATION		14.222	1
DEFENSE COST		60.000	1
ATHLETIC LIAB		6.465	6
RELIG ATH MED		53.833	1
WAGE LOSS		7.380	7
CLERGY DEATH		36.000	36

*-- End of Quote --*

Figs. 5E



\* Mailing Address: 910 W. CHURCH  
 \* City: FORT WAYNE  
 \* Zip Code: 46805

\* State: IN

Bill to: Insured

(Billing name and address required if  
 other than insured)

Billing name:

Billing Address:

City:

Zip Code:

State:

CMP Billing Mode: Annual

Legal status of Applicant: Corporation

Not-for-profit

\* Year founded:  (YYYY)

Years at this location:

Risk Type: Church with Both

Comments:

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FTL. CB

DRAFT: 08/20/00

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testing don l glick  
testing don l glick # 0010

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**TEST 3 - Quote # 95305**

**Errors for General Information**

You have omitted some important information on the General Information page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the General Information page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields		Other Errors
* Denomination		
* Year Founded		

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FZG 6C



FZ4 6E

You did not enter an insured name. This lineholder will not be saved. Click cancel to continue editing this document.

Cancel

OK

DRAFT - EGR 20260

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**CMP Application**

testing don l glick  
testing don l glick # 0010

CMP Application

Supplemental Forms

Action

- General Information
- Mortgagees, Loss Payees & Additional Insureds

\* Required fields  
TEST 3

Quote # 95305

- Insurance History
- Property Coverages
- Building & Coverages
- Inland Marine Schedules
- Liability Coverages
- Clergy Coverages
- File Attachments

Insurance History  
(inception - expiration)

Policy Term

Policy Number

Policy Term

Insurance Company

Policy Number

Current CMP premium (\$):

Premium quoted (\$): 6366

Premium desired from Brotherhood Mutual (\$): 6,366.00

Please list any other policy numbers with Brotherhood Mutual:

File Attachments

116.6F

Have you been uninsured at any time during the past three years?

If Yes, please explain:

Has any insurance company cancelled or refused to renew any CMP, Auto, or Worker's Compensation policy for you in the last 5 years?

No

If Yes, please explain:

Has any insurance company cancelled or refused to renew any CMP, Auto, or Worker's Compensation policy for you in the last 5 years?

No

### Loss History

\* Within the last 5 years, please describe any loss paid by an insurance company, any loss pending that has not been paid, or any loss greater than \$1,000 that was not covered by insurance:  None

#### Description of Loss

Date of Loss	Amount of Loss

No

Has your organization or its leaders (in connection with your organization) been a party to any lawsuit during the past five years?

If Yes, please give detailed explanation:

No

Are you aware of any past or present situation or dispute that could result in a claim or lawsuit being made against your organization or its leaders?

If Yes, please give detailed explanation:

No

FZL. 64

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### Fraud Statement

Brotherhood Mutual Insurance Company relies on the information provided in this application and supplemental coverage request forms to determine whether a proposal or policy will be issued and at what premium level. Any person who knowingly and with intent to defraud an insurance company, files an application for insurance containing any materially false information, or concealing any material information, will be subject to any and all applicable civil, criminal, and contractual penalties.

\* Person interviewed: \_\_\_\_\_

Title: \_\_\_\_\_

\* Date: \_\_\_\_\_ (MM/DD/YYYY)

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File 64

DRAFT 6/17/2012

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## CMP Application

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### TEST 3 - Quote # 95305

#### Errors for Insurance History

You have omitted some important information on the Insurance History page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Insurance History page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
* Name of person interviewed	* At least one previous insurance company must be provided
* Date person interviewed	* Loss History must be provided - either indicate no losses by marking the None checkbox or provide details of loss

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FIZ. 6.2

QUOTE # 63420460

<https://www.brotherhoodmutual.com/integro/quotework.n...operty?Openform&unid=AB88528916F4C7090525696E0055CB5C>

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### CMP Application

testing don l glick # 0010

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#### General Information

#### Mortgagees, Loss

#### Payees, & Additional Insureds

#### Insurance History

#### Property Coverages

#### Building & Coverages

#### Inland Marine Schedules

#### Liability Coverages

#### Clergy Coverages

#### File Attachments

**TEST 3**  
 \* Required fields

Quote # 95305

Did the insured reject Equipment Breakdown Coverage?  
 Do any buildings contain objects (boilers) requiring state inspection?

No  No

If yes, please indicate which buildings:  
 CHURCH - Loc 1 Bldg 1  
 SCHOOL - Loc 1 Bldg 2

Person to contact for inspection:  
 Contact name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

### Inland Marine Coverages

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*F.L.G. 6/5*

007E0F6B420260

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### CMP Application

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testing don l glick # 0010

CMP Application

General Information

\* Required fields

Mortgagees, Loss

Payees, & Additional

Insureds

Insurance History

Property Coverages

Building & Coverages

910 W. CHURCH

CHURCH

SCHOOL

3452 N. WELLS

700 Inland Marine

Schedules

Liability Coverages

Clergy Coverages

File Attachments

Interest in Building:

If landlord, describe occupancy of tenant:

\* Number of Fire Extinguishers:

Wood-burning Stove?   Wood Burning Stove Report

Security Alarm Systems

FZG. 7A

10/19/2000 1:37 PM

TEST 3

Building Information

Occupancy: CHURCH - Loc 1 Bldg 1

Building Class: Church

Building

Limit (\$): 1,500,000.00

Contents

250,000.00

\* City:

\* State:

Quote # 95305

□ □ □ □ □ □ □ □ □ □ □ □ □

**Extent of Protection:**

- Protects all exterior openings
- Protects all ceilings - floors- and walls
- Interior sound / motion detectors or beams
- Protects only doors with contacts

**\* Type of Protection:**

- Local (Loud sounding outside alarm)
- Central station alarm company (24 hours)
- Auxiliary to attended police station
- Watchman on duty afterhours

**Does central station alarm company have keys to insured's property?**  No  Yes**Is there a maintenance contract for regular inspection and service of the alarm?** **Frequency of service:** **Fire Alarm Systems****Type of Alarm:**

- Manual pull station
- Smoke
- Heat

**If building is sprinklered:**

- Water flow alarm
- Low water pressure alarm
- Gate valve supervision

**\* Type of Protection:**

- Local (Outside alarm)
- Central station alarm (24 hours)
- Auxiliary to attended fire / police station
- Watchman on duty afterhours

**Extent of property protected by fire alarm:** %**Does central station alarm company have keys to insured's property?**  No  Yes**Is there a maintenance contract for regular inspection and service of the alarm?** **Frequency of service:** **\* Response Time (Guard or Police):**

- |                                |                          |
|--------------------------------|--------------------------|
| Does not exceed 15 minutes (A) | <input type="checkbox"/> |
| Does not exceed 20 minutes (B) | <input type="checkbox"/> |
| Does not exceed 30 minutes (C) | <input type="checkbox"/> |
| N/A                            |                          |

<https://www.brotherhoodmutual.com/integro/quotework.n...rm&unid=AB88528916F4C7090525696E0055CB5C&locbldg=0101>

## Property Survey and Pictures

You may attach the property survey and/or pictures of this building here:

**Files attached so far: None**

Type in name of file to attach or use browse button for assistance.

If you need to attach more than one file, Click here after filing in the file name above for each file.

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FIG 7C

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https://www.brotherhoodmutual.com/intcgr/quotework.n...&amp;uid=AB88828916F4C7090525696E0055CB5C&amp;EP=AppBuilding



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## CMP Application

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### TEST 3 - Quote # 95305

#### Errors for Building & Coverages

You have omitted some important information on the Building & Coverages page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Building & Coverages page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
* Number of Fire Extinguishers	
* Security Alarm Response Time	
* Security Alarm Type of Protection	
* Fire Alarm Type of Protection	
* Extent of property protected by fire alarm	

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Insurance Company

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CMP Application

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TEST 3

## Quote # 95305

Payees, & Additional  
Insureds

## ► Insurance History

## ■ Building & Coverages

► CHURCH

■ SCHOOL

**Inland Marine  
Schedules**

## ► Liability Coverages

► File Attachments

If landlord, describe occupancy of tenant

\* Number of Fire Extinguishers:

Wood-burning Stove?  No  Yes Wood Burning Stove Report

## Property Survey and Pictures

F26 7C

## Property Survey and Pictures

You may attach the property survey and/or pictures of this building here.

**Files attached so far: None**

**Type in name of file to attach or use browse button for assistance.**

*If you need to attach more than one file, [Click here](#) after filling in the file name above for each file.*

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FIG 7F

QUOTE # 63120460



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**CMP Application**

**TEST 3 - Quote # 95305**

**Errors for Building & Coverages**

You have omitted some important information on the Building & Coverages page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Building & Coverages page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

<b>Missing Fields</b>	<b>Other Errors</b>
* Number of Fire Extinguishers	

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FIG. 16



FZL. 8B

6.	Value \$	0	Sub-T
7.	Value \$	0	Sub-T
8.	Value \$	0	Sub-T
9.	Value \$	0	Sub-T
10.	Value \$	0	Sub-T
11.	Value \$	0	Sub-T
12.	Value \$	0	Sub-T
13.	Value \$	0	Sub-T
14.	Value \$	0	Sub-T
15.	Value \$	0	Sub-T
16.	Value \$	0	Sub-T

FZG. 8C

## Q O T E C O M M U N I C A T I O N S

17.	Value \$ <input type="text"/>	0
18.	Value \$ <input type="text"/>	0
19.	Value \$ <input type="text"/>	0
20.	Value \$ <input type="text"/>	0

## Additional Comments:

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CMP Application

GMP Application

110

• Mortgagees, Loss Payees, & Additional Insureds

• Insurance History

## ► Property Coverages

## ► Building & Coverages

► Inland Marine  
Schedules

## **■ Liability Coverages**

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FZG 9A

QUOTE # TEST 3 - Quote # 95305



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## CMP Application

APPLICATIONS | SUPPLEMENTAL FORMS | AGENT ACTIONS

TEST 3 - Quote # 95305

### Errors for Liability Coverages

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Missing Fields	Other Errors
* Number of board members	

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## CMP Application

CMP Application

Supplemental Form

Additional Information

- General Information

- Mortgagors, Loss

- Payees, & Additional Insureds

\* Required fields

### TEST 3

#### Clergy Information

Pastor's Name

Clergy # 1

Quote # 95305

#### Sublmit for Jewelry, Fine Arts, etc:

 Attach scanned image

 US Mail

 FAX

#### Online Schedule Inland Marine Schedule

#### Sublmit for Office Equipment, Sports, etc:

 Attach scanned image

 US Mail

 FAX

#### Online Schedule Inland Marine Schedule

#### Additional Interest

Type: Additional Insured 

Name:


Address:

City:

Zip Code:

State: 

FZG 10A

Loan number:

Describe property under the lien or subject to additional insured coverage:

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### TEST 3 - Quote # 95305

#### Errors for Clergy Coverages

You have omitted some important information on the Clergy Coverages page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

[Click here to go back to the Clergy Coverages page --> Go Back](#)

[Click here to continue and come back later --> Continue](#)

Missing Fields	Other Errors
* Clergy Name	<ul style="list-style-type: none"> <li>* Indicate how the IM Schedule for Jewelry, Fine Arts, etc will be provided</li> <li>* Indicate how the IM Schedule for Office Equipment, Sports, etc will be provided</li> </ul>

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FZ6. 10C





\* The church government is described as:

\* Major decision-making authority rests with:

\* Does the pastor have the authority to make large organizational or financial decisions without approval from any governing board?

*\*\*Note, cannot bind if pastor has major decision making authority\*\**

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FIG. 12 B

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### TEST 3 - Quote # 95305

#### Errors for Church Profile

You have omitted some important information on the Church Profile page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Church Profile page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
<ul style="list-style-type: none"><li>* Number of weekly worship services &amp; events</li><li>* Church government</li><li>* Major decision-making authority</li><li>* Pastor authority</li></ul>	

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FIZ &amp; 12 C



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## CMP Application

<b>CMP Application</b>
------------------------

\* Required fields

### TEST 3

Church Profile

School/Day Care Profile

Property Risk Survey  R

Liability Risk Survey  R

### Liability Risk Survey

Does the applicant have a safety/risk management policy for their premises and activities?

### General condition of premises:

Are all the floor surfaces in good condition, free from tripping / slipping hazards?  Yes

Are all the stairways in good condition and well lit?  Yes

Are there solid handrails for all the steps and stairways?  Yes

Is there a formal snow and ice removal plan for lots and walkways?  No

Are all the buildings equipped with emergency lighting that activates during power loss?  Yes

Are all the exit doors equipped with panic hardware and unlocked during occupancy?  Yes

### Current exposures on owned or leased premises:

(Check all that exist)  None of the exposures below exist on premises

F16. 12 D

<input type="checkbox"/> Elevators/escalators/lifts	<input type="checkbox"/> Swimming Pools
<input type="checkbox"/> Baptistry	<input type="checkbox"/> Lake or Pond
<input type="checkbox"/> Playgrounds with equipment	<input type="checkbox"/> Diving boards
Type equip:	<input type="checkbox"/> Thrift shops
Ground cover:	<input type="checkbox"/> Food banks
<input type="checkbox"/> Outdoor athletic fields/courts	<input type="checkbox"/> Certified life guards
Type:	<input type="checkbox"/> Stadiums or bleachers
<input type="checkbox"/> Stadiums or bleachers	<input type="checkbox"/> Animals kept on premises
Capacity:	Type: _____
<input type="checkbox"/> Indoor gymnasium	<input type="checkbox"/> Goods - services - food sold
<input type="checkbox"/> Fitness or exercise training	Describe: _____
<input type="checkbox"/> Weight training equipment	<input type="checkbox"/> Goods manufactured for sale
<input type="checkbox"/> Trampolines	Describe: _____
<input type="checkbox"/> Stages (2 ft. or higher)	<input type="checkbox"/> Radio / TV broadcasts
<input type="checkbox"/> Balconies or lofts	Describe: _____

**Do outside groups use the premises on a recurring basis?**

List the groups:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is written use of the premises agreement required?**

No

If yes, how will a copy be provided?  N/A

**\* Is there any overnight sheltering permitted on any owned premises?**

- Select -

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

**Any there any parking lots on the owned premises?**

Yes

Paved

No

No

No

FIZ. 12 E

**Describe the parking lot surface:**

Are all the parking lots well lit?

No       **Please describe any other exposures on the owned premises:****Exposures from sponsored activities:**

- Hay rides:  Last 3 yrs  Next 3 yrs  
 Snow skiing trips:  Last 3 yrs  Next 3 yrs  
 Snowmobiling trips:  Last 3 yrs  Next 3 yrs  
 Water skiing trips:  Last 3 yrs  Next 3 yrs  
 Rafting / canoeing trips:  Last 3 yrs  Next 3 yrs  
 Rock climbing / rappelling trips:  Last 3 yrs  Next 3 yrs  
 Cycling trips:  Last 3 yrs  Next 3 yrs  
 Sponsored carnivals or circuses:  Last 3 yrs  Next 3 yrs  
 Sponsored road rallies:  Last 3 yrs  Next 3 yrs  
 ATV, go-cart, or dirt bike events:  Last 3 yrs  Next 3 yrs  
 Fireworks displays sponsored:  Last 3 yrs  Next 3 yrs  
 Admissions charged for public events:  Last 3 yrs  Next 3 yrs  
 Sports leagues sponsored by you:  Last 3 yrs  Next 3 yrs  
 List type:  Last 3 yrs  Next 3 yrs  
 Any other sports league participation?  Last 3 yrs  Next 3 yrs  
 List type:  Last 3 yrs  Next 3 yrs  
 Group trips at more than 50 miles distance:  Last 3 yrs  Next 3 yrs  
 (Last 3 yrs)  (Expected next 3 yrs)  
 Estimated number per year:   
 Foreign mission trips:  Last 3 yrs  Next 3 yrs  
 (Last 3 yrs)  (Expected next 3 yrs)  
 Estimated number of participants:   
 Weekend retreats:  Last 3 yrs  Next 3 yrs  
 (Last 3 yrs)  (Expected next 3 yrs)  
 Estimated number of retreats per year:   
 Estimated number of participants per year:   
 Overnight youth "lock-ins":  Last 3 yrs  Next 3 yrs  
 Camps owned or operated:  Last 3 yrs  Next 3 yrs

*FJ6. 12F*

Describe:  
[ ] [ ] [ ] [ ] [ ] [ ] [ ]

[ ] [ ]

Summer camping weeks:  Last 3 yrs  Next 3 yrs  
(Last 3 yrs)  (Expected next 3 yrs)

Estimated number of camp weeks per year:  
[ ]

Estimated number of participants per year:  
[ ]

Programs providing transportation of non-members to or from activities:

Any New / remodeling building projects:  Last 3 yrs  Next 3 yrs

Any Volunteer labor involved?

Are you or will you be the general contractor?  
 Last 3 yrs  Next 3 yrs

Any Building demolition projects?  
 Last 3 yrs  Next 3 yrs

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## CMP Application

### TEST 3 - Quote # 95305

#### Errors for Liability Risk Survey

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<b>Missing Fields</b>	* Indicate if overnight sheltering permitted
-----------------------	--

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FIG. 12 H



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CMP Application

testing don | glick  
testing don | glick # 0010

Quote # 95305

TEST

Action Menu

Annulation Statute is Draft

- Submit Application - Edits application for completeness, then, if it passes the edits, submits the application to the home office for processing. Once the application is successfully submitted, it can no longer be edited on the Web.

- Edit Application - Edits application for completeness but does not submit the application to the home office. This is a useful function to perform prior to printing a copy of the application for review by the applicant.

- **Revert To Quote** - Return to the Web Quoting screens for this application. The quote will be in draft mode so you can make changes. After the quote is rated, you can return to the connection from the Print Quots screen with no loss of connection data.

Relata: A Multimodal Relation Extraction Annotation and Annotation

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